



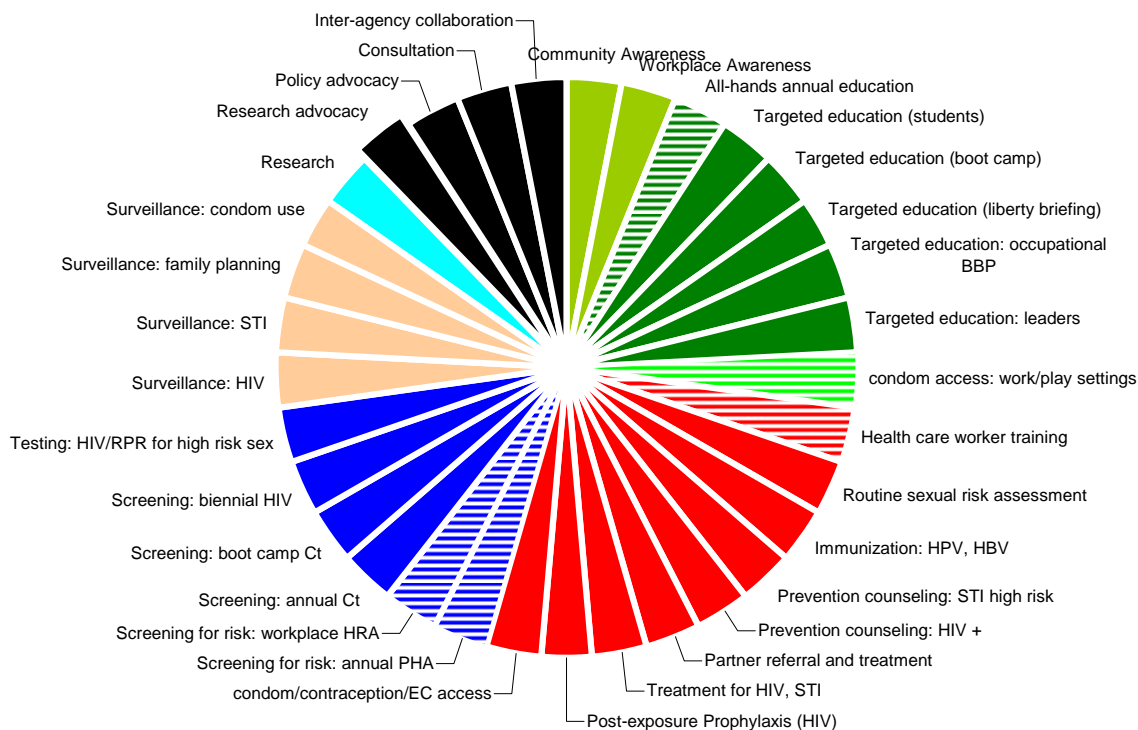
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Navy and Marine Corps Public Health Center's (NMCPHC) Approach to the Promotion of Sexual Health

Background

The Department of the Navy (DoN) recognizes the ethical, economic, and force readiness imperatives of protecting and preserving the health of sailors, marines and family members, including their sexual health. This document describes strategies for the prevention of sexually transmitted infections, including HIV, and the prevention of unplanned pregnancies. The Navy and Marine Corps sexual assault prevention programs are outside the scope of this document.

Graphic Summary of DoN and NMCPHC-SHARP Strategies, Practices and Programs:



DoD and DoN Policies

DoDI 1010.10, Health Promotion directs the military services to strive for achievement of national objectives (Healthy People 2010) for prevention of STIs, HIV and family planning.

DoDI 6485.1, HIV and SECNAVINST 5300.30, HIV, require aggressive disease surveillance, health promotion and education programs for Naval personnel to mitigate the impact of HIV infection in DoN, and also require Commanders to provide HIV prevention training in workplace-level Health Promotion Programs. These directives also outline procedures for HIV screening, prevention counseling and partner referral services for members infected with HIV.

OPNAV 6100.2, Health and Wellness Promotion Program states “It is Navy policy to provide education which increases responsible sexual behavior...” in workplace and community-level health promotion programs. Sexual Health is a “required element” of the Navy Health and Wellness Promotion Program.

BUMEDINST 6222.10, STD Prevention and Management requires medical departments to conduct community awareness and education campaigns, condom access campaigns, evidence-based prevention counseling for people with demonstrated high risk, and sexual partner referral services.

BUMEDINST 6110.13, Navy Medical Department Health Promotion and Wellness Program, encourages medical care providers to address unhealthy lifestyles at all patient encounters, and to execute and support community-level health promotion programs, to include sexual health and responsibility.

MCO P1700.29, SEMPER FIT requires annual STI prevention training for all Marines.

SECNAVINST 6120.3, Periodic Health Assessments and Individual Medical Readiness requires annual counseling of all active and reserve component members about family planning, emergency contraception, birth control options, HIV infection, and prevention information. It also cites female health screening requirements of the USPSTF (i.e. annual, age-based chlamydia screening of females).

NAVMED P-117, Manual of the Medical Department (MANMED) Chapter 15-1, Women's Annual Health Maintenance Exam defines the content of the annual examination for active duty women. The exam will include counseling on family planning, contraceptives (including emergency contraception), prevention of HIV and other STIs.

BUMED Letter 30 Nov 2007, Dear Health Care Provider (from the Deputy Navy Surgeon General) to all Navy health care providers - advocates sexual risk assessment of all adult and adolescent patients.

BUMED Letter, 27 Feb 2007, Prescribing, Dispensing and Distribution of Plan B (Levonogestrel) requires Navy medical treatment facilities to accommodate over the counter access to Plan B (emergency contraception).

BUMED Letter, 17 May 2007, Recommendations for the Use of HPV Vaccine in Navy and Marine Corps Beneficiaries requires Navy medical treatment facilities to afford access to HPV vaccine for all appropriate beneficiaries.

NMCPHC Sexual Health and Responsibility Program (SHARP)

The SHARP vision, mission, goal, and strategy are:

Vision. A Department of Navy (DoN) cultural norm in which sexual responsibility and safety are encouraged, supported and expected, and a population in which all pregnancies are planned, syphilis is eliminated, and other sexually transmitted infections (STI), including HIV, are prevented.

Mission. Provide DoN members and families with health information, education and behavior change programs for the prevention of STIs, including HIV, and unplanned pregnancy.

Goal. Reduce the occurrence of STIs, including HIV, and unplanned pregnancy among DoN members and families to levels specified in selected Healthy People 2010 objectives.

Objectives:

Sexual Health Objective (and HP2010 Objective Number)	HP2010 Target	SHARP target
Family Planning		
9-1. Increase the proportion of pregnancies that are intended	70%	70%
9-3: Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception	100%	100%
9-5: Increase the proportion of family planning agencies that offer emergency contraception (ec)	90%	100%
9-6c. Increase the proportion of unmarried males aged 15-24 years receiving advice or counseling from a doctor or other medical care provider about using methods of birth control, including condoms.	37%	37%
HIV		
13-5: Reduce the number of new cases of HIV/AIDS diagnosed among adolescents and adults	developmental	8 per 100K
13-6: Increase the proportion of sexually active adults who use condoms	50%	50%
STD Prevention		
25-1a-c: Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections.	3%	3% (3000/100K)
25-2a: Reduce incidence of Gonorrhea	19 per 100K	19 per 100K
25-2b: Reduce the incidence of Gonorrhea among females aged 15-44 (also GPRA Goal 1c with target of 250)	42 per 100K	42 per 100k
25-3: Eliminate sustained domestic transmission of primary and secondary Syphilis	CDC's SEE goal = 2.2 per 100K	2.2 per 100K
25-16: Increase proportion of sexually active females aged 25 and under screened annually for genital Chlamydia infections.	62%	62%
(1-3) Increase proportion of providers who assess sexual risk behavior during routine outpatient encounters	STDs: "developmental" Pregnancy: 50%	90%

Surveillance Sources

The DoN conducts surveillance for the incidence of unintended pregnancies (UIP) and sexually transmitted infections (STI), including Human Immunodeficiency Virus (HIV), and monitors personnel metrics regarding personnel losses due to pregnancy and single parenthood. Principal sources of these data are described below:

Navy Disease Reporting System (NDRS), managed by the NMCPHC Epi Data Center, is the principal mechanism for the passive collection of reportable STIs, including syphilis, gonorrhea, chlamydia, and Hepatitis B.

STI incidence and screening data are periodically evaluated in ad hoc studies of laboratory databases, outpatient and inpatient databases. Additionally, periodic studies are conducted by various DoD and DoN organizations and independent researchers to determine the extent of chlamydia screening, HIV screening, STI prevalence in recruits, sexual health care seeking behavior and the nexus of alcohol and sexual risk behavior.

HIV data are collected by Navy HIV Central (National Naval Medical Center, Bethesda, MD). These data describe seroconversion frequency and rates by gender, age, race, enlisted/officer, Navy/Marines and geographic location when tested. Behavioral-risk data are collected by counselors for individual HIV case reports but are not consolidated.

UIP incidence, sexual risk behaviors, sexual health attitudes and contraception use and knowledge among active duty sailors are collected in a biennial survey conducted since 1988 by the Navy Personnel Command (Navy Parenting and Pregnancy Survey).

Sexual risk behaviors and STI experiences, such as number of lifetime sexual partners, condom use, lifetime STIs, and experience regarding UIP, are collected in the triennial DoD Survey of Health Related Behaviors Among Military Personnel.

Condom use behavior data is collected via the NMCPHC-managed Fleet and Marine Corps Health Risk Assessment, a web-based self-assessment tool which is used on a voluntary basis by many Navy and Marine Corps units as an annual measure of risk behavior in their workforce. The consolidated data enable DoN-wide analysis.

DoN Sexual Health Promotion Strategies and SHARP Support

Population-level Awareness/Education.

Sailors and marines receive sexual health education in boot camp. Females typically receive a detailed briefing of multiple hours, individual contraception counseling and access, and HIV and chlamydia screening. Males are screened for HIV and receive minimal sexual health education. The content and duration of these educational encounters are not defined in policy and may vary.

Upon completion of boot camp and arrival at their first technical training school, all sailors must complete Navy Military Training (NMT), a range of topics typically lasting about 2 days. The content of NMT is determined annually by the Navy Center for Personal Development (CPD), presently use of the interactive DVD "Liberty Call", which provides scenario-driven group discussion of responsible behavior regarding sex, alcohol, and drugs. The quality, content and duration of these education encounters may vary.

Annually, all sailors are required to complete General Military Training (GMT), a range of subjects which includes sexual health education. This training may be completed via the web (Navy Knowledge Online) or in a classroom setting, as determined by their organizational leadership. SHARP provides subject matter expertise to the Navy Center for Personal and Professional Development (CPPD) for the development of these GMT materials, which include web-based modules and classroom materials (films, PowerPoint slides and instructor guides).

Annually, all marines are required to complete SEMPER FIT training, a range of subjects which includes STI prevention. This training may be completed via the web or in a classroom setting, as determined by their organizational leadership. Classroom training may be led by local SEMPER FIT Center staff or by unit-level Navy corpsmen. SHARP provides subject matter expertise to the Marine Corps SEMPER FIT program manager for the development of these materials, which include web-based modules and classroom materials (films, PowerPoint slides and instructor guides).

Prior to deployment, sailors and marines and leaders are provided a medical intelligence briefing regarding health threats in the deployment location. Additionally, before debarking ship in foreign posts, sailors and marines are provided a "liberty brief" regarding local health threats. These briefings typically include information about STI prevention, although their content and duration are not defined in policy.

Navy organizations are required to include sexual health in their on-going workplace health promotion programs. The specific format and content of these efforts are not defined in policy. The Navy Surgeon General's Blue H - Health Promotion and Wellness Award recognizes and guides these workplace-centric activities.

Navy medical treatment facilities are encouraged to address unhealthy lifestyles at all patient encounters, and to execute and support community-level health promotion programs, to include sexual health and responsibility.

Marine Corps Community Services, SEMPER FIT Centers execute and support community-level health promotion programs, to include sexual health and responsibility.

At one Navy base, a pregnancy prevention intervention called CHIOCES has been offered for some years. In this multi-day, multi-disciplinary intervention, students must provide 24 hour care for an infant model which prompts and responds to care and records the student's performance. This intervention targets newly assigned men and women under age 26, married and single, and has demonstrated evidence of effectiveness. Fidelity to, and export of, the evidence-based model is challenging because of its duration and resource requirements.

To support medical intelligence briefings, liberty briefings and workplace health promotion efforts, SHARP develops awareness-level and education-level materials (posters, fact sheets, films, briefings, CDs). SHARP markets these materials through its SHARP Toolbox CD, its SHARP-website, through the NMCPHC-managed annual Health Promotion and Wellness Award, and through the NMCPHC-managed, web-based "Health Promotion Toolbox" annual calendar, in which April is sexual health month. These products are utilized by health promotion and disease prevention professionals across DoD and the Coast Guard.

SHARP fields a website for easy access of DoD members and families to individual-level sexual health information.

Routine Immunization. All non-immune sailors and marines are vaccinated for Hepatitis B in boot camp. Human Papillomavirus (HPV) vaccine is accessible to beneficiaries at Navy medical treatment facilities.

Sexual Risk Assessment. BUMED recommends, and SHARP advocates and supports routine risk assessment by Navy health care professionals for all adult and adolescent patients. SHARP provides risk assessment training for clinicians prior to their assignment to surface ships through the Surface Warfare Medical Institute and occasionally for clinicians in other settings. The Navy Surgeon General's Blue H – Health Promotion and Wellness Award recognizes medical treatment facilities in which clinicians working in primary care settings routinely assess sexual risk behavior for all adult and adolescent patients.

Periodic Screening. Female sailor and marine recruits are screened for chlamydia in boot camp. Active duty female sailors and marines receive an annual female health exam which includes contraception counseling, including emergency contraception, chlamydia screening for sexually active women under age 26, and appropriate pap testing. All male and female sailors and marines are periodically screened for HIV (every 2 years for active duty members). Additionally, sailors and marines receive an annual health risk assessment which involves the use of a questionnaire which includes a sexual health question and which provides risk reduction feedback.

"High-Risk" member and sexual partner counseling, testing, vaccination and referral.

Pregnant beneficiaries and patients diagnosed with TB or an STI are also tested for HIV. Patients infected with an STI are provided Hepatitis B and/or A vaccination (as appropriate) if not already immune.

People infected with an STI or those who have expressed or demonstrated risky sexual behavior are afforded prevention counseling and sexual partner referral services. Sexual partners of patients infected with an STI are provided STI testing and prevention counseling, or are appropriately referred to civilian public health agencies for this service. SHARP trains all Navy and Coast Guard Preventive Medicine Technicians during their 6-month qualification course at the Naval School of Health Sciences, San Diego, in use of the CDC-recommended, evidence-based intervention "HIV-STD prevention counseling" and in the CDC-endorsed process for sexual partner referral. This training is also provided at the annual NMCPHC conference and periodically in other settings.

For HIV positive sailors and marines, the three Navy HIV Evaluation and Treatment Units (Bethesda, MD, Portsmouth, VA and San Diego, CA) where these members are seen at least semi-annually, integrate prevention into care for their patients to reduce sexual risk behavior. In 2007, these centers, in partnership with the CDC, launched an effort to integrate the evidence-based intervention “Partnership for Health” into their practice.

Leadership Awareness. SHARP advocates organizational norms (in the form of policies and other structural supports) which encourage, support and expect responsible sexual behavior. SHARP develops and distributes ready-to-use leadership information and occasionally conducts briefings at the Navy Senior Enlisted Academy, medical treatment facility executive committee meetings and other leadership settings. A web-based lesson about sexual health promotion for Navy leaders is under development with deployment scheduled for 2010.

Educator training and support. To increase the competence and confidence of Navy health promotion professionals and part-time health promotion coordinators in military units, SHARP offers self-study training, a 4-hour classroom course “Promoting Sexual Health in Military Populations”, a guideline for establishing a sexual health campaign, a guideline for community-level condom access, and telephone consultation. SHARP produces a CD and fields a website for easy access to sexual health information for health educators and for clinicians, and publishes an electronic newsletter.

Policy Advocacy. SHARP actively advocates sound sexual health policies in the healthcare and personnel-management realms including awareness building/education, leadership roles, condom and contraception access, testing policies, medical treatment and patient privacy.

Research Advocacy. SHARP provides a research agenda to Naval and DoD research partners to support the development of culturally competent, evidence-based interventions for the prevention of STIs and UIP and periodically serves as preceptor for graduate students pursuing sexual health promotion research.

Surveillance. SHARP monitors, evaluates, recommends innovation of, and utilizes STI, HIV and UIP surveillance systems to develop and deliver appropriate information and training, and to monitor and report progress toward achievement of the SHARP objectives. Currently under development is a new module of the Navy’s electronic disease reporting software which will enable surveillance of risk and exposure data for patients diagnosed with reportable STIs.